CERTIFICATION BY THE CANDIDATE

	by self-subscribing oath that:						
	der the law for the office which I am seeking;						
I have determined that all of the information on my nomination papers is true and correct (except for that information provided by the voters who signed my							
nomination papers); and							
	nce with Section 831-2, HRS, (Rights Lost), dealing with felons.						
	Signature						
WHO ARE I further certify by the Constitution of the	CATION BY ELECTED STATE AND COUNTY OFFICERS CANDIDATES FOR ANOTHER STATE OR COUNTY OFFICE self-subscribing oath that I have complied with Article II, Section 7, of State of Hawaii (Resignation from Public Office) and qualify under the for another State or County office.						
Date	Signature						
	MAILING ADDRESS						
	NAME TO BE PRINTED ON THE BALLOT						
Your ballot name, i maximum of 27 typed are not allowed. Name I want printe	NAME TO BE PRINTED ON THE BALLOT acluding any Hawaiian or English equivalent or nickname, is limited to a spaces. This includes all letters, spaces, and punctuation marks. Titles						
Your ballot name, i maximum of 27 typed are not allowed. Name I want printe	NAME TO BE PRINTED ON THE BALLOT acluding any Hawaiian or English equivalent or nickname, is limited to a spaces. This includes all letters, spaces, and punctuation marks. Titles						
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Your ballot name, i maximum of 27 typed are not allowed. Name I want printe	NAME TO BE PRINTED ON THE BALLOT including any Hawaiian or English equivalent or nickname, is limited to a spaces. This includes all letters, spaces, and punctuation marks. Titles in the ballot is:						
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Your ballot name, i maximum of 27 typed are not allowed. Name I want printe Name on Ballot (27 spaces only) ISSUED BY Office of	NAME TO BE PRINTED ON THE BALLOT acluding any Hawaiian or English equivalent or nickname, is limited to a spaces. This includes all letters, spaces, and punctuation marks. Titles and on the ballot is: Use this format: LASTNAME, First M. I., Jr. (Nickname). RECEIVED BY Office of						
Your ballot name, i maximum of 27 typed are not allowed. Name I want printe Name on Ballot (27 spaces only) ISSUED BY	NAME TO BE PRINTED ON THE BALLOT including any Hawaiian or English equivalent or nickname, is limited to a spaces. This includes all letters, spaces, and punctuation marks. Titles in the ballot is: Use this format: LASTNAME, First M. I., Jr. (Nickname). RECEIVED BY Office of Date						
Your ballot name, i maximum of 27 typed are not allowed. Name I want printe Name on Ballot (27 spaces only) ISSUED BY Office of	NAME TO BE PRINTED ON THE BALLOT acluding any Hawaiian or English equivalent or nickname, is limited to a spaces. This includes all letters, spaces, and punctuation marks. Titles and on the ballot is: Use this format: LASTNAME, First M. I., Jr. (Nickname). RECEIVED BY Office of						

Complete EITHER Oath of Loyalty OR Affirmation

OATH OF LOYALTY

declare on eath that if electe	ed to office I will support and defend the Constitution and laws
	rica, and the Constitution and laws of the State of Hawaii, and
will bear true faith and allegi	iance to the same; that if elected I will faithfully discharge my
duties as Board of Education	n Member to the best of my ability; that I take this obligation
freely, without any mental r	eservation or purpose of evasion; So help me God.
Data	Signature

*******************\	
	AFFIRMATION
l,	do solemnly, sincerely and
truly affirm and declare, that	t if elected to office I will support and defend the Constitution
and laws of the United State	es of America, and the Constitution and laws of the State of
	ith and allegiance to the same; that if elected I will faithfully
	d of Education Member to the best of my ability; that I take this y mental reservation or purpose of evasion.
obligation freely, without an	y mental reservation or purpose of evasion.
Date	Signature
	Subscribed and sworn to before me this day
	of, A.D
	Notary Public, State of Hawaii
	My Commission Expires:
	or
	Ву
	Clerk or Public Officer authorized to administer oaths.
(Page 4)	
NOTICE: Pursuant to State la	w, nomination papers that are incomplete and/or nomination

NOTICE: Pursuant to State law, nomination papers that are incomplete and/or nomination papers that have been altered by anyone other than the Chief Election Officer or the County Clerk will not be accepted for filing.

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Signatory Verification: No. valid:

	SOCIAL SECURITY PRINT YOUR L						YOUR LEGAL	NAME HERE	(Mailing Addre	sses Not Acceptab	ADDRESS HERE le; Such As: P!O. Box, e Carrier Route #, etc.)	DATE OF BIRTH		THE NAME UNI ARE REGISTERE		***	y série	***************************************
	mero ti so security y		lmaldit	ti Naganyo a Mai	nugot iti Linteg	(Saan a Maanugo Rural Route #, S	Imaldit ti Residen ot ti Pakaiturongan Star Route #, House	cia yo ti surat; Kas iti: P.O. Box, e Carrier Route #, kdpy.)	Pannakayanak yo	Ipirma ti Na	ngan a Kas iti Nailis Mabalinna ti A	ta iti Listaan Dagiti gpili	in Use Only) ः					
社会	:保障	#号	あなたの名	的を楷書で記	入してください。	(郵回番号、地	方ルート番号、スター	権書で記入してください。 ・・ルート省号。 D郵便物宛先は不可。)	生年月日	あなたが選挙人登録をした時の名前を 著名してください。		した時の名前を	£					
			Last,	First	Middle	House No.	Street Nam	•	Mon/Day/Year	First	Middle	Last	dist	in signa	itory's inct (or ber) and			
			Apelyedo	Umona a nagan	Agtengnga a nagan	Numero ti balay yo	Nagan ti kalsada	Numero ti Apartment	Bulan / Aldaw / Tawen	Umona a nagan	Agtengnga a nagan	Apelyedo	voter	egistrat	on statu			
			姓	名前	ミドルネーム	番地	通りの名称	アパート番号	月日年	姓	名前	ミドルネーム	Dist	Prec	Status			
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APPENDIX J July 1, 2000 Page 4 of 12

NOTE: HRS 611-15 in conjunction

BOARD OF EDUCATION

JUNTA (BOARD) TI EDUKASION

MIDDLE NAME OR INITIAL (S)

FIRST NAME

教育局

LAST NAME

NON	MINATION PAPER FOR		\$*			with HRS §12-4 requires the provision of a social security
PAPEL	ITI PANAKADUTOK NI	NAME COMPONER KNOWN AS:	FIRST NAME	MIDDLE NAME OR INITIAL(S)	LAST NAME	number by each signer or else the signature will not be counted. Pursuant to Section 7 of the federal Privacy Act (P.L. 93-579), be
候補	i 考 推 薦 用 紙	CALS DENCE ADDRESS:	HOUSE NUMBER	STREET NAME	APARTMENT NO.	advised that this information may be released to government agencies for government purposes.
			CITY OR TOWN	ZIP CODE	COUNTY	
ELE	CTORAL JURISDICTION (SELE	CT ONE)	MASAKUPAN TI PANAC	GPIPILI (Mangpilika iti mays	a) 選	挙区(一つを選んでください)
	I AM A RESIDENT OF THE	DEPARTMENTA	SCHOOL BOARD DIS	STRICT AND CHOOSE TO SEEK	A SEAT REQUIRING RESID	ENCY IN THE
	Agnaedak iti junta ti Distrito dagiti takem a masapul iti panagnaed iti [青学区の居住者で、 に立候補いたします。	_学区の居住者であることを
	I AM A RESIDENT OF THE FIRST S	CHOOL BOARD DISTRICT AND C	HOOSE TO SEEK A SEAT WIT	HOUT A RESIDENCY REQUIREN	MENT IN DEPARTMENTAL S	CHOOL DISTRICT.
	Agnaedak iti umona a junta ti Distr ti panagnaed iti Distrito ti Departan		iti takem a saan nga masapul	私は第一教育学[職務立候補いた]		の居住条件を必要としない

INFORMATION FOR CANDIDATES ONLY: YOU MUST OBTAIN VALID SIGNATURES FROM AT LEAST 25 PERSONS WHO ARE REGISTERED TO VOTE IN THE SCHOOL BOARD DISTRICT CONCERNED.

We, by signature hereon, nominate the person named above as a candidate on the ballot to be voted on at the next Primary or Special Election and we declare that we are duly registered voters and that we are eligible to vote for the candidate. We understand that we may sign nomination papers for only one candidate for a particular elective office if there is only one seat available. If more than one seat is available for election, then we may sign as many nomination papers as there are available seats.

Dakami, babaen ti panagpirmami ditoy, dutokanmi ti tao a nainaganan iti ngato a kas papili iti balota a mabotosan inton sumaruno a Panagpipili Primaria wenno Naisangayan a Panagpipili ken ipaneknekmi a nainkalintegan ti panakailista dagiti naganmi iti listaan dagiti mabalin nga agpili iti sumaruno a panagpipili. Maawatanmi a mabalinmi ti agpirma iti papel a mangdutok iti maysa laeng a papili nga agpaay iti maitutop a pagtakeman no maymaysa laeng iti takem a kasapulan. No nasursurok ngem maysa iti takem a kasapulan iti panagpipili, iti kasta mabalinmi iti agpirma kadagiti papeles a pangdutok a kas iti bilang dagiti pagtakeman a kasapulan.

我々は、上記の人物を次期予備選挙および特別選挙における候補者としてここに署名し、推薦します。そして我々が正当に登録した選挙人であり、次期選挙において当該候補者のために投票する資格を有するものであることを誓います。選挙される職務が一つのみの場合、その職務について一名の候補者のみを推薦し、署名すべきことを我々は理解しています。選挙される職務が二つ以上ある場合は、職務の敷だけの推薦用紙に署名しても良いことを理解しています。

NOTICE: Any person who knowingly takes an oath on the nomination papers and wilfully makes any false statement of fact while under oath therein may be guilty of voter fraud which is a Class C felony, punishable by up to five years imprisonment and a \$10,000 fine.

CERTIFICATION BY THE CANDIDATE

l,				the candidate named
herein, hereby certify	by self-subscri	bing oat	h that:	•
1. I will qualify ur	nder the law for	the offic	e which I am seek	ing;
2. I have determi	ned that all of the	ne inforn	nation on my nom	ination papers is true and
correct (excep	ot for that info	rmation	provided by the	voters who signed my
nomination par		n 021 2	UDC (Diabas Las	AV dayler to the
5. Tani in compile	ince with Section	11 031-2	, HRS, (Rights Los	t), dealing with felons.
Date	Signatu	re		
WHO ARE I further certify by	CANDIDATES I self-subscribing State of Hawa	OR ANG oath tha ii (Resign	nation from Public	
Date	Signature			
			ADDRESS	2/(0)
My mailing address	n sis	MAILING	ADDRESS	(5/1 ,
maximum of 27 typed are not allowed. Name I want printe	spaces. This inc	ludes all	l letters, spaces, ar	t or nickname, is limited to a nd punctuation marks. Titles
Name on Ballot (27 spaces only)				
	Use this	format:	LASTNAME, First	M. I., Jr. (Nickname).
				in in on the contraction.
ISSUED BY			RECEIVED BY	
Office of		Talan managan managan	Office of	
Date				
At	oʻclock	m.	At	oʻclock m.
Ву			Ву	

Complete EITHER Oath of Loyalty OR Affirmation

OATH OF LOYALTY

' 1,		, do solemnly s	wear
and declare, on oath tha	at if elected to office I will s	upport and defend the Constitu	tion
and laws of the United S	States of America, and the C	onstitution and laws of the Stat	e of
Hawaii, and will bear tru	e faith and allegiance to the	same; that if elected I will faith	fully
discharge my duties as (Office of Hawaiian Affairs Tr	ustee to the best of my ability:	that
I take this obligation free	ly, without any mental reserv	ration or purpose of evasion; So	help
me God.			
Date	Signature		
	* * * * * * * * * * * * *		
<i>(115.115</i>	* * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	* *
	AFFIDAGATIO		
	AFFIRMATIO		
171		, do solemnly, since fice I will support and defend	erely
🕽 and truly affirm and de	eclare, that if elected to of	fice I will support and defend	the
Constitution and laws of	the United States of Americ	a, and the Constitution and law	s of
the State of Hawaii, and	l will bear true faith and alleg	giance to the same; that if elect	ed I
will faithfully discharge n	ny duties as Office of Hawaii	an Affairs Trustee to the best of	my
ability; that I take this of	bligation freely, without an	y mental reservation or purpose	e of
evasion.			
Date	Signature		
* * * * * * * * * * * *			
			*
	Subscribed and sworn to	before me this da	
	of	, A.D	
			_
	Notary I	Public, State of Hawaii	
	My Commission Expires:_		
		or	
	0.		
	By	er authorized to administer oaths.	
	Cierk or Public Offic	er authorized to administer oaths.	
(Page 4)			•

OTICE: Pursuant to State law, nomination papers that are incomplete and/or nomination papers that have been altered by anyone other than the Chief Election Officer or the County Clerk will not be accepted for filing.

Verified By:

		,	
		20	
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Signatory Verification: No. valid:_

SOCIAL SECURITY NUMBER				PRINT YOUR RESIDENCE ADDRESS HERE (Mailing Addresses Are Not Acceptable;, ' Such As: P.O. Box, Rural Route No., Star Route No., House Carrier Route No., etc.)	DATE OF BIRTH	SIGN THE NAME UNDER WHICH YOU ARE REGISTERED TO VOTE		or Off Jse O	
Helu	Mālam	a Ola	E kākau i kou inoa ma 'ane'i	E kākau i kou wahi noho i hoʻopaʻa ʻia no ke kohoʻana	Lā Hānau	E pūlima i kou inoa (maoli/kūhelu) i hoʻopaʻa ʻia no ke koho ʻana.	*	ş h	
			Last, First Middle Hope Mua Waena	House No. Street Name Apt. No. Helu Alanui Inoa Alanui Helu Ke'ena Noho	Month/Day/Year Mahina/Lā/Makahiki	First Middle Last Mua Waena Hope	125.0		
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BOARD OF TRUSTEES, OFFICE OF HAWAIIAN AFFAIRS Papa Kahuwaiwai, Ke'ena O Nā Kuleana Hawai'i

NOMINATION PAPER FOR	LEGAL NAME.	Inoa Mua	Hua Waena	Inoa Hope	NOTE: HRS §11-15 in conjunction with HRS §12-4 requires the
Palapala Waiho Inoa No	MARE COMMONDER KNOWN AS:	FIRST NAME Inoa Mua	MIDDLE OR INITIAL(S) Hua Waena	LAST NAME Inoa Hope	provision of a social securit number by each signer or else th signature will not be counted Pursuant to Section 7 of the federa Privacy Act (P.L. 93-579), b
	RESIDENCE ADDRESS:	HOUSE NUMBER Helu Hale	STREET NAME Inoa Alanui	APARTMENT NO. Helu Ke'ena Noho	advised that this information ma be released to government agencie for government purposes.
		CITY OR TOWN Kulanakauhale	ZIP CODE Helu Zip	COUNTY Kalana	
ELECTORAL JURISDICTION (SELECT O	ONE) No Ke Kū 'Ana I Nā K	ānāwai Koho Pāloka ((E Koho I Hoʻokahi)		
I AM A RESIDENT OF THE ISLAND OF	Andrew Control of the	, STATE OF HAWAII, AN	ND CHOOSE TO SEEK A SEAT	REQUIRING RESIDENCY O	N MY ISLAND (ISLAND SEAT).
He mea noho au o ka mokupuni 'o	, MC	OKU'ĀINA'O HAWAI'I, a ko	bho au e 'imi i ke kūlana e koi '	ʻia nei koʻu noho ma koʻu m	okupuni iho (Kūlana Noho Mokupuni).
I AM A RESIDENT OF THE STATE OF	HAWAII, AND CHOOSE TO SEEK A	SEAT WITHOUT ANY ISL	AND RESIDENCY REQUIREME	NT.	
He mea noho au o ka MOKU'ĀINA 'O I	HAWAIʻI, a koho au e ʻimi i ke kūlan	a i koi 'ole 'ia au e noho m	na kekahi mokupuni.		
INFORMATION FOR CANDIDATES O		VALID SIGNATURES FRO F TRUSTEES SPECIAL ELE		HO ARE REGISTERED TO V	OTE IN THE OFFICE OF HAWAIIAN
He Hoʻomaopopo ʻAna No Nā Moho \		a nā pūlima inoa 'a'ole ma l wai o ke Ke'ena o nā Kulea		luakūmālima no lākou ke ku	uleana e koho i ke Koho Kūikawā

We, by signature hereon, nominate the person named above as a candidate for the election of members of the Board of Trustees of the Office of Hawaiian Affairs on the ballot to be voted at the next Special Election. We declare that we are duly qualified and registered voters for the Special Election of members of the Board of Trustees of the Office of Hawaiian Affairs.

'O mākou ia ma ko mākou pūlima inoa 'ana e koho nei i Ka mea i hō'ike 'ia ma luna i moho no ke koho o nā lālā o ka Papa Kahuwaiwai o ke Ke'ena o nā Kuleana Hawai'i no ka pāloka e koho 'ia ana i ke Koho Kūikawā a'e. Ke hō'ike nei mākou he po'e kū i nā kānāwai koho pāloka mākou no ke Koho Kūikawā o nā lālā o ka Papa Kahuwaiwai o ke Ke'ena o nā Kuleana Hawai'i.

NOTICE: Any person who knowingly takes an oath on the nomination papers and wilfully makes any false statement of fact while under oath therein may be guilty of voter fraud which is a Class C felony, punishable by up to five years imprisonment and a \$10,000 fine.

APPENDIX J July 1, 2000 Page 9 of 12

Complete EITHER Oath of Loyalty OR Affirmation

OATH OF LOYALTY

, ,		do solemnly s	wear and
he United States of	if elected to office I will support ar America, and the Constitution and egiance to the same; that if elected	nd defend the Constitution a laws of the State of Hawa	nd laws of ii, and will y duties as
his obligation freely	without any mental reservation or		
ills obligation freely,	Without any mental reservation of	parpage of oracion, or	
Date	Signature		
		* * * * * * * * * * * *	* * * * *
4/5/10	AFFIRMATIO	N grand was a second of the	
11/11/1		, do solemnly,	
and truly affirm and o	declare, that if elected to office I w	ill support and defend the C	onstitution
nd laws of the Unite	d States of America, and the Consti	tution and laws of the State	of Hawaii,
and will bear true fait	h and allegiance to the same; that	if elected I will faithfully dis	charge my
duties as		to the best of n	ny ability;
that I take this obliga	ation freely, without any mental res	servation or purpose of eva-	sion.
Date	Signature		
* * * * * * * * * * * *			* * * * *
• • • • • • • • • • • • • • • • • • • •	Subscribed and sworn to	o before me this	dav
	of	, A.D	
	water to be a second of the se		
•	Notary	Public, State of Hawaii	
	My Commission Expires	•	
	Wy Commission Expires	or	
		•	
	Ву		
(Page 4)			
(rage 4)	Clerk or Public Of	ficer authorized to administe	er oaths.

NOTICE: Pursuant to State law, nomination papers that are incomplete and/or nomination papers that have been altered by anyone other than the Chief Election Officer or the County Clerk will not be accepted for filing.

CERTIFICATION BY THE CANDIDATE

, the candidate named herein,

1,		the candidate named herein,
hereby certify by self-subsc	cribing oath that:	
 I will qualify under t 	the law for the office which I am seeking;	
I have determined t	hat all of the information on my nomination	papers is true and correct
(except for that info	rmation provided by the voters who signed n	ny nomination papers); and
3. I am in compliance	with Section 831-2, HRS, (Rights Lost), deal	ling with felons.
Date	Signature	
	CERTIFICATION BY THE PARTISAN CANDIDA	ATE
I,	the ca	andidate named herein, further
certify by self-subscribing o	ath that I am a member of the	Party.
Date	Signature	
	CATION BY ELECTED STATE AND COUNTY	
	CANDIDATES FOR ANOTHER STATE OR CO	
	f-subscribing oath that I have complied with	
Constitution of the State of	f Hawaii (Resignation from Public Office) and	d qualify under the law to be a
candidate for another State		
Date	Signature	Cott,
	MAILING ADDRESS	$\mathcal{O})_{\alpha}$
My mailing address is _		
	NAME TO BE PRINTED ON THE BALLOT	
Your hallot name, includ	ding any Hawaiian or English equivalent or nick	
of 27 typed spaces. This is	includes all letters, spaces, and punctuation	marks. Titles are not allowed.
o. z. typou opusou y me		
Name I want printed on	the ballot is:	
Name on Ballot		
(27 spaces only)		
	Use this format: LASTNAME, First N	A. I. (r. (Niekname)
	Use this format: LASTNAME, First M	i. i., Jr. (Nickhaine).
ICCLIED BY	RECEIVED BY	
ISSUED BY		
Office of		
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Signatory Verification: No. valid: Verified By: Date:

SOCIAL SECURITY NUMBER Numero ti social security yo 社会保障番号			PRINT YOUR LEGAL NAME HERE Imaldit ti Naganyo a Mainugot iti Linteg あなたの名前を楷書で記入してください。			PRINT YOUR RESIDENCE ADDRESS HERE (Mailing Addresses Not Acceptable; Such As: P.O. Box, Rural Route #, Star Route #, House Carrier Route #, etc.) Imaldit ti Residencia yo (Saan a Maanugot ti Pakaiturongan ti surat; Kas iti: P.O. Box, Rural Route #, Star Route #, House Carrier Route #, kdpy.) あなたが選挙人登録をした時の住所を推審で記入してください。 (部選書等、始方ルート書号、フトー・ト書号。 ハウス、キャリアー場号、その他の製造物気化は不可。)		DATE OF BIRTH	SIGN THE NAME UNDER WHICH YOU ARE REGISTERED TO VOTE Ipirma ti Nagan a Kas iti Nailista iti Listaan Dagiti Mabalinna ti Agpili あなたが選挙人登録をした時の名前を 署名してください。 First Middle Last			(For Official Use Only)			
								生年月日 Mon/Day/Year Bulan / Aldaw / Tawen							
			Last, First Middle Apelyedo Umona Agtengnga a nagan a nagan			House No. Street Name Apt.#						Fill in signatory's district/precinct (or			
						Numero ti Nagan ti Numero ti balay yo kalsada Apartment			Umona Agtengnga a nagan a nagan		Apelyedo	district number) and voter registration status.			
		姓	名前	ミドルネーム	器地	通りの名称	アパート番号	月日年	姓	名前	ミドルネーム	Dist	Prec	Status	
E x a 555	m p 00	l e: 0000	Public, J	John Q.		100 Hon	olulu Street, ,	Apt. 101	01 / 01 / 50	John Q). Public		N/A	N/A	N/A
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NOMINATION PAPER FOR	LEGAL NAME.	TINOT NAME	WIDDLE NAME ON INTIAL(3)	EAST NAME.	with HRS §12-4 requires the provision of a social security
PAPEL ITI PANAKADUTOK NI	NAME COMMONLY KNOWN AS:	FIRST NAME	MIDDLE NAME OR INITIAL(S)	LAST NAME	number by each signer or else the signature will not be counted. Pursuant to Section 7 of the federal Privacy Act (P.L. 93-579), be
候補者推薦用紙	RESIDENCE ADDRESS:	HOUSE NUMBER	STREET NAME	APARTMENT NO.	advised that this information may be released to government agencies for government purposes.
		CITY OR TOWN	Secolars 1	COUNTY	
OFFICE - POLITICAL PARTY OR N			R.C.	OFFICE	
職務-所属政党又は無所属-選挙[区(州、郡または地区)	6/		POLITICAL PARTY OR NO	NPARTISAN
			ELECTORA	AL JURISDICTION (STATE o	r COUNTY or DISTRICT)
INFORMATION FOR CANDIDATES:	OFFIC	ES AND NUMBER OF	VALID SIGNATURES REQUIRE	D	
OFFICES		4	NUM NUMBER OF VALID SIGNATUR		
☐ United States Senator, Governor, al ☐ United States Representative					
State Senator and State Representative	ative	At lea	st Fifteen (15) valid signatures of qu	ualified voters of the Respect	ive District
Mayor			st Fifteen (15) valid signatures of qu		
Councilmember and Prosecuting Att	torney	At lea	st Fifteen (15) valid signatures of qu	alified voters of the Respect	ive County or District Concerned

MAIDDLE NIAME OF INITIALIES

EIDCT NAME

We, by signature hereon, nominate the person named above as a candidate on the ballot to be voted on at the next Primary or Special Election and we declare that we are duly registered voters and that we are eligible to vote for the candidate. We understand that we may sign nomination papers for only one candidate for a particular elective office if there is only one seat available. If more than one seat is available for election, then we may sign as many nomination papers as there are available seats.

Dakami, babaen ti panagpirmami ditoy, dutokanmi ti tao a nainaganan iti ngato a kas papili iti balota a mabotosan inton sumaruno a Panagpipili Primaria wenno Naisangayan a Panagpipili ken ipaneknekmi a nainkalintegan ti panakailista dagiti naganmi iti listaan dagiti mabalin nga agpili iti sumaruno a panagpipili. Maawatanmi a mabalinmi ti agpirma iti papel a mangdutok iti maysa laeng a papili nga agpaay iti maitutop a pagtakeman no maymaysa laeng iti takem a kasapulan. No nasursurok ngem maysa iti takem a kasapulan iti panagpipili, iti kasta mabalinmi iti agpirma kadagiti papeles a pangdutok a kas iti bilang dagiti pagtakeman a kasapulan.

LECAL NIABLE

我々は、上記の人物を次期予備選挙および特別選挙における候補者としてここに署名し、推薦します。そして我々が正当 に登録した選挙人であり、次期選挙において当該候補者のために投票する資格を有するものであることを誓います。選挙さ れる職務が一つのみの場合、その職務について一名の候補者のみを推薦し、署名すべきことを我々は理解しています。選挙 される職務が二つ以上ある場合は、職務の数だけの推薦用紙に署名しても良いことを理解しています。

I ACT NIAME

NOTICE: Any person who knowingly takes an oath on the nomination papers and wilfully makes any false statement of fact while under oath therein may be guilty of voter fraud which is a Class C felony, punishable by up to five years imprisonment and a \$10,000 fine.